

Figure 5: California Family Risk Assessment Scale

Family Case Name: _____ Family Case #: _____
 County Name: _____ County #: _____ Office: _____
 Worker Name: _____ Worker #: _____ CPS Referral Date: ____/____/____ Assessment Date: ____/____/____

Neglect	Score	Abuse	Score
N1. Current Referral Is for Neglect		A1. Current Referral Is for Physical, Sexual, or Emotional Abuse	
a. No	0	a. No	0
b. Yes	1	b. Yes	1
N2. Number of Prior Referrals		A2. Prior Abuse Referrals	
a. None	0	a. None	0
b. One	1	b. Physical/emotional abuse referral(s)	1
c. Two or more	2	c. Sexual abuse referral(s)	2
N3. Number of Children in the Home		d. Both b and c	3
a. Two or fewer	0	A3. Prior CPS Service History	
b. Three or more	1	a. No	0
N4. Number of Adults in Home at Time of Referral		b. Yes	1
a. Two or more	0	A4. Number of Children in the Home	
b. One/none	1	a. One	0
N5. Age of Primary Caregiver		b. Two or more	1
a. 30 or older	0	A5. Caregiver(s) Abused as Child(ren)	
b. 29 or younger	1	a. No	0
N6. Characteristics of Primary Caregiver (check and add for score)		b. Yes	1
a. Not applicable	0	A6. Secondary Caregiver Has a Current Substance Abuse Problem	
b. <input type="checkbox"/> Parenting skills are a major problem	1	a. No, or no secondary caregiver	0
c. <input type="checkbox"/> Lacks self-esteem	1	b. Yes (check all that apply)	1
d. <input type="checkbox"/> Apathetic or shows feelings of hopelessness	1	<input type="checkbox"/> Alcohol abuse problem	
N7. Primary Caregiver Involved in Harmful Relationships		<input type="checkbox"/> Drug abuse problem	
a. No	0	A7. Primary or Secondary Caregiver Employs Excessive and/or Inappropriate Discipline	
b. Yes, but not a victim of domestic violence	1	a. No	0
c. Yes, as a victim of domestic violence	2	b. Yes	2
N8. Primary Caregiver Has a Current Substance Abuse Problem		A8. History of Domestic Violence by Caregiver(s)	
a. No	0	a. No	0
b. Alcohol only	1	b. Yes	1
c. Other drug(s) (with or without alcohol)	3	A9. Caregiver(s) Over-Controlling	
N9. Household Is Experiencing Severe Financial Difficulty		a. No	0
a. No	0	b. Yes	1
b. Yes	1	A10. Child in the Home Has Special Needs or History of Delinquency	
N10. Primary Caregiver's Motivation To Improve Parenting Skills		a. No	0
a. Motivated and realistic	0	b. Yes (check all that apply)	1
b. Unmotivated	1	<input type="checkbox"/> Diagnosed special needs	
c. Motivated but unrealistic	2	<input type="checkbox"/> History of delinquency	
N11. Response of Caregiver(s) to Investigation and Seriousness of Complaint		A11. Secondary Caregiver Motivated To Improve Parenting Skills	
a. Attitude is consistent with seriousness of allegation, and he or she has complied satisfactorily	0	a. Yes, or no secondary caregiver in home	0
b. Attitude not consistent with seriousness of allegation (minimizes)	1	b. No	2
c. Failed to comply satisfactorily	2	A12. Primary Caregiver's Attitude Is Consistent With the Seriousness of the Allegation	
d. Both b and c	3	a. Yes	0
		b. No	1

TOTAL NEGLECT RISK SCORE _____

INITIAL RISK LEVEL

Assign the family's risk level based on the highest score on either scale, using the following chart:

Neglect Score	Abuse Score	Risk Level
0-4	0-2	Low
5-7	3-5	Moderate
8-12	6-9	High
13-20	10-16	Intensive

FINAL RISK LEVEL: _____ Low _____ Moderate _____ High _____ Intensive

TOTAL ABUSE RISK SCORE _____

POLICY OVERRIDES

Policy: Override to Intensive. Check appropriate reason.

- ☐ 1. Sexual abuse case and the perpetrator is likely to have access to the child victim.
- ☐ 2. Nonaccidental physical injury to child under 2.
- ☐ 3. Serious nonaccidental physical injury requiring hospital or medical treatment.
- ☐ 4. Death (previous or current) of a child as a result of abuse or neglect.
- ☐ 5. Positive tox screen (any drug, including alcohol) of mother or child.

Discretionary Override to Risk Level

- ☐ 6. Override and assign new risk level _____ / _____ / _____
 Supervisor's initials _____ Date _____
 as approval

Discretionary override reason: _____